(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING HAL025023 07/22/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **603 WEST STREET** GOOD SHEPHERD HOME FOR THE AGED NEW BERN, NC 28560 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 000 Initial Comments C 000 Report of a Biennial Construction Survey by Billy S. Bryant and Greg Cates conducted on 07/22/2015. Records indicate this facility was first licensed or submitted for licensure on 04/22/1987 as a HA. The facility is currently licensed for 54 Beds; therefore, the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1978 (Revision 8) Edition of the North Carolina Building Code(s), Institutional Occupancy and the 1984 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure. C 133 Bathrooms-Hand Grips C 133 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL **ENVIRONMENT** (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents: This Rule is not met as evidenced by: I. Based on observation the facility grab bars are not currently installed to function as intended when required for use by the occupants. A, Finding on 07/22/23/2014: 1. North Hall Unisex Bath - The grab bar is loose and unstable.

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

| Division of fleatin Service Regulation | | 0/0) MUUTIDI | F CONSTRUCTION | ()(0) DATE | OLIDA (EX | | |
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| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | | | (X3) DATE SURVEY COMPLETED | |
| AND FLAN | OI CONNECTION | IDENTIFICATION NOWDER. | A. BUILDING: | 01 | CONP | LLILD | |
| | | | | | | | |
| | | HAL025023 | B. WING | | 07/2 | 2/2015 | |
| NAME OF F | | CTDEET AD | | CTATE ZID CODE | | | |
| NAIVIE OF F | PROVIDER OR SUPPLIER | | | STATE, ZIP CODE | | | |
| GOOD S | HEPHERD HOME FO | R THE AGED | STREET | • | | | |
| NEW BE | | | N, NC 2856 | U | | T | |
| (X4) ID | | TEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF CORRECTION | | (X5) | |
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| 170 | | | IAG | DEFICIENCY) | | | |
| 0.450 | 0 " 15 | | 0.450 | | | | |
| C 152 | Continued From pa | ge 1 | C 152 | | | | |
| C 152 | Entrances-Steps, P | orches with Handrails | C 152 | | | | |
| | | | | | | | |
| | SECTION .0300 - F | | | | | | |
| | 10A NCAC 13F .03 | 05 PHYSICAL | | | | | |
| | ENVIRONMENT | | | | | | |
| | | nts for outside entrances and | | | | | |
| | exits are: | | | | | | |
| | | es, stoops and ramps shall be | | | | | |
| | provided with handrails and guardrails; | | | | | | |
| | This Date is not past as a diseased by | | | | | | |
| | This Rule is not me | | | | | | |
| | | ation the facility guard rails are | | | | | |
| | | ed to function as intended | | | | | |
| | | upport by the occupants. | | | | | |
| | | nded as a safety measure and | | | | | |
| | to assist occupants | in navigating steps. | | | | | |
| | A. Finding on 07/22 | //2015: | | | | | |
| | | n Hall - At the exit door from | | | | | |
| | | crete at the stoop's guard rail | | | | | |
| | | yay and the guardrail is | | | | | |
| | unsupported and ur | | | | | | |
| | | | | | | | |
| | 2. South Hall - The | ends of the guardrails at the | | | | | |
| | | corridor have been cut so they | | | | | |
| | are unsupported an | d about 12" short of being | | | | | |
| | | ding wall at the door. | | | | | |
| | | - | | | | | |
| C 160 | Outside Premises-0 | Clean. Safe | C 160 | | | | |
| | | , | | | | | |
| | SECTION .0300 - F | PHYSICAL PLANT | | | | | |
| | 10A NCAC 13F .03 | | | | | | |
| | ENVIRONMENT | | | | | | |
| | (m) The requireme | ents for outside premises are: | | | | | |
| | (1) The outside gro | ounds of new and existing | | | | | |
| | | aintained in a clean and safe | | | | | |
| | condition; | | | | | | |
| | | | | | | | |
| | | | | | | | |

Division of Health Service Regulation

STATE FORM 8899 380E21 If continuation sheet 2 of 14

| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPL A. BUILDING: | E CONSTRUCTION 01 | (X3) DATE SURVEY COMPLETED | |
|--------------------------|--|---|------------------------------|--|-------------------------------|--------------------------|
| | | HAL025023 | B. WING | | 07/2 | 2/2015 |
| NAME OF I | PROVIDER OR SUPPLIER | | | STATE, ZIP CODE | | |
| GOOD S | HEPHERD HOME FO | R THE AGED 603 WEST NEW BER | N, NC 2856 | 0 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY) | D BE | (X5) COMPLETE DATE |
| C 160 | This Rule is not med. Based on observe exterior of the build room that is a safet facility who may be A. Finding from 07/1. Exterior - There is 6'-0"x 36" deep congenerators. Posts a but there are no gu from accidentally face. | et as evidenced by: ation there is an area at the ing across from the dining y concern for occupants of the outside. 22/2015: s a pit approximately 10'-0"x Itaining 2 abandoned are located around the pit wall ardrails to prevent a person Illing into the pit. | C 160 | | | |
| C 164 | from accidentally falling into the pit. Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: I. Based on observation there is a pattern of the floors not being kept in good repair as evidenced by but not limited to the specific examples listed in the findings. Damaged floors may be difficult to maintain in a clean manner and do not contribute to a desirable living environment. A. Findings from 07/22/2105: 1. North Hall a. The floor tiles are starting to curl and detach | | C 164 | | | |

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380E21 If continuation sheet 3 of 14

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPI A. BUILDING | E CONSTRUCTION : 01 | | SURVEY PLETED | |
|--|--|---|-------------------------------|---|-----------------------------------|--------------------------|
| | | HAL025023 | B. WING | | 07/ | 22/2015 |
| NAME OF | PROVIDER OR SUPPLIER | | ADDRESS, CITY, | STATE, ZIP CODE | 1 0111 | 22/2010 |
| GOOD S | HEPHERD HOME FO | OR THE AGED | ST STREET ERN, NC 2856 | 50 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE | TION SHOULD BE THE APPROPRIATE | (X5) COMPLETE DATE |
| C 164 | Continued From pa | age 3 | C 164 | | | |
| | b. North Hall HVAC Closet - The wood floor is rotted and a potion has failed and collapsed | | | | | |
| | Johnny Sampson Hall a. Room #5 - The VCT floor tile is cracked and damaged. | | | | | |
| | | g unglued from the wood floor the underlayment show signs e to moisture. | | | | |
| | c. Restroom - The cracked and dama | VCT around the floor drain is ged. | | | | |
| | | ljacent to Living Room - The I and a potion has failed and | | | | |
| | condensing on the | ent to Med Room - Moisture duct is running onto the woo otted and a portion has | | | | |
| | f. Living Room - A detached from the | section of the floor base has wall. | | | | |
| | | ectrical Panel Room - The damaged and portions of the | | | | |
| | walls and ceilings r but not limited to th the findings. Dama difficult to maintain | vation there is a pattern of not in good repair as evidence specific examples listed in aged walls and ceilings may be in a clean manner and do no irable living environment. | e | | | |
| | A. Finding on 07/03 1. North Hall a. Unisex Bath - Th | 3/2015: ne plaster wall finish adjacent | | | | |

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STATE FORM 8899 380E21 If continuation sheet 4 of 14

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 | | (X3) DATE SURVEY COMPLETED | | |
|--|---|--|-------------------------|---|-------|--------------------------|
| | | HAL025023 | B. WING | | 07/22 | 2/2015 |
| NAME OF F | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, S | STATE, ZIP CODE | | |
| GOOD S | HEPHERD HOME FOR | R THE AGED | T STREET RN, NC 2856 | 0 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY) | D BE | (X5) COMPLETE DATE |
| C 164 | Continued From pa | ge 4 | C 164 | | | |
| | to the water closet i damage. | s peeling due to moisture | | | | |
| | b. Room #32 - The moisture damage. | walls is crumbling due to | | | | |
| | c. Shower Rooms - The ceiling finish is peeling due to moisture damage. | | | | | |
| | | wall above the thru-wall HVAC o moisture damaged. | | | | |
| | e. Restroom - The v has moisture dama | wall beside the water closet ged. | | | | |
| | f. Living Room - The soda vending mach | e walls are damaged at the ine. | | | | |
| | | is peeling above the stainless ve and the refrigerator. | | | | |
| | | ctrical Panel Room - The ings are water damaged and d. | | | | |
| | 2. South Hall a. Room #7 - The c | eiling is damaged. | | | | |
| | | vall finish behind the water e to moisture damaged. | | | | |
| | c. Room #12 - The | ceiling has moisture damage. | | | | |
| | d. Room #20 - The damaged. | walls in the bathroom are | | | | |
| | e. Room #20 - The damaged. | room walls are scarred and | | | | |

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III. Based on observation the furnishing are not in

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| | STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 | | (X3) DATE SURVEY COMPLETED | |
|--------------------------|--|---|---|---|-------------------------------|--------------------------|
| | | HAL025023 | B. WING | | 07/2 | 2/2015 |
| NAME OF I | PROVIDER OR SUPPLIER | | | STATE, ZIP CODE | 1 0172 | 2/2010 |
| | | 603 WFS | STREET | | | |
| GOOD S | HEPHERD HOME FO | NEW BER | N, NC 2856 | 0 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY) | D BE | (X5) COMPLETE DATE |
| C 164 | Continued From page 5 | | C 164 | | | |
| | specific examples I furniture, furnishing | enced but not limited to the isted in the findings. Damaged is and fixtures do not rable living environment. | | | | |
| | A. Findings from 07 1. Johnny Sampsor wardrobes are dam | n Hall, Room #1 - The clothes | | | | |
| | 2. South Hall a. Room #16 - The standing water | sink is clogged and has | | | | |
| | b. Room #22 - The | clothes wardrobe is damaged. | | | | |
| | c. Room #25 - The | chest of drawers is damaged. | | | | |
| | d. Room #27 - The | wall mirror is missing. | | | | |
| | e. Nurses' Station - finish is damaged. | The counter top laminate | | | | |
| | present in the facilit methods as require | vation there were odors ty. Maintain housekeeping ed to keep he facility free from conic odors in all areas of the | | | | |
| | A. Findings from 07 1. Johnny Sampsor a. Restrooms Adjac strong odor presen | n Hall cent to Room #2 - There is a | | | | |
| | | Adjacent to Living Room - dor present in the room. | | | | |
| | c. South Hall Roon present in the bathr | n #20 - There is a strong odor room. | | | | |
| | V. Based on observ | vations the exterior of the | | | | |

| | STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 | | (X3) DATE SURVEY COMPLETED | |
|--------------------------|---|--|---|---|-------------------------------|--------------------------|
| | | HAL025023 | B. WING | | 07/2 | 2/2015 |
| NAME OF F | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, S | STATE, ZIP CODE | - | |
| GOOD SI | HEPHERD HOME FO | R THE AGED | T STREET RN, NC 2856 | 0 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY) | D BE | (X5) COMPLETE DATE |
| C 164 | Continued From pa | ige 6 | C 164 | | | |
| | the exterior walls as | tern maintenance issues for sevidenced but not limited to sted in the findings. | | | | |
| | peeling paint, are d | | | | | |
| | b. The exterior doo damaged from rot. | r trim and frames are | | | | |
| | | the North Hall, the facility's and some of the wood brick n. | | | | |
| | d. The window trim raw wood. | paint is peeling and exposing | | | | |
| | | gs for crawl space access are ave large openings that could er the facility. | | | | |
| | 2. Exterior of the Ki | itchen Area: | | | | |
| | a. The gutter outsic damaged. | de of the kitchen area is | | | | |
| | | ng on the exterior masonry g in several locations. | | | | |
| | c. The grass has no | ot been cut. | | | | |
| C 166 | Housekeeping-Mai | ntained Free of Hazards | C 166 | | | |
| | SECTION .0300 - F 10A NCAC 13F .03 FURNISHINGS | | | | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLI A. BUILDING: | E CONSTRUCTION 01 | | (X3) DATE SURVEY COMPLETED | |
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| | | HAL025023 | B. WING | | 07/ | 22/2015 |
| | PROVIDER OR SUPPLIER | R THE AGED 603 WES | DDRESS, CITY, S T STREET RN, NC 2856 | STATE, ZIP CODE | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY) | SHOULD BE | (X5) COMPLETE DATE |
| C 166 | (a) Adult care home (5) be maintained is orderly manner, fre hazards; (e) This Rule shall facilities. This Rule is not me I. Based on observation hazards. Obstruction effect all occupants facility in the event. A. Findings on 07/21. North Hall - Over into the exterior patemergency exit documents of the end of the path of egress from the end of the | es shall: In an uncluttered, clean and the of all obstructions and apply to new and existing that as evidenced by: ation the facility is not free of the sto paths of egress could when evacuating from the of an emergency. 2/2015: The edge of the plant the required clear width of the of the stoop's steps for the of the emergency exit door. That edge of the plant the required clear width of the of the stoop's steps for the of the anot be completely closed effect all occupants by failing to e and fire in the area of origin. 2/2015 exit door from the hall the ame and will not completely door has a key only double not automatically latch when the Dutch door does not have | | | | |

| | STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPL A. BUILDING: | E CONSTRUCTION 01 | (X3) DATE SURVEY COMPLETED | |
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| | | HAL025023 | B. WING | | 07/22/2015 | |
| NAME OF I | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, S | STATE, ZIP CODE | | |
| GOOD S | HEPHERD HOME FO | R THE AGED | T STREET RN, NC 2856 | 0 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY) | .D BE | (X5) COMPLETE DATE |
| C 166 | Continued From page 8 | | C 166 | | | |
| | Dutch door that if in prevent the door from d. Office - When both are closed there is lower doors so that passage of smoke. III. The facility is not doors that do not of | oth halves of the Dutch door a gap between the upper and the door cannot resist the | | | | |
| | A. Finding from 07/22/2015: 1. Office - There is a key only double dead bolt on the door. 2. South Hall Room #22 - When the room's bathroom door is completely closed and latches it | | | | | |
| C 170 | SECTION .0300 - F | tains, Blinds, Res. Privacy PHYSICAL PLANT 06 HOUSEKEEPING AND | C 170 | | | |
| | (9) have curtains, of in resident use area privacy;(e) This Rule shall facilities.This Rule is not modern to the shall facilities. | draperies or blinds at windows as to provide for resident apply to new and existing et as evidenced by: ation there is a pattern of the ing blinds, curtains or | | | | |
| | draperies in resider | nt rooms as evidenced by but | | | | |

| | STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPL A. BUILDING: | E CONSTRUCTION 01 | (X3) DATE SURVEY COMPLETED | |
|--------------------------|--|---|------------------------------|--|-------------------------------|--------------------------|
| | | HAL025023 | B. WING | | 07/2 | 2/2015 |
| NAME OF I | PROVIDER OR SUPPLIER | | | STATE, ZIP CODE | | |
| GOOD S | HEPHERD HOME FO | R THE AGED 603 WEST NEW BER | FSTREET N, NC 2856 | 0 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY) | D BE | (X5) COMPLETE DATE |
| C 170 | Continued From page 9 | | C 170 | | | |
| | findings. | | | | | |
| | A. Findings on 07/22/2015: 1. North Hall a. Blinds in the resident rooms are damaged. b. Across from Tub Room - The window blind | | | | | |
| | slats are damaged. | | | | | |
| | c. Room #27 - The blind slats are damaged. | | | | | |
| | 2. South Hall Room are damaged. | n #20 - The window blind slats | | | | |
| C 189 | Building Equipment | t Maintained Safe, Operating | C 189 | | | |
| | mechanical, and pl care home shall be operating condition (k) This Rule shall facilities with the ex | of 11 OTHER and all fire safety, electrical, umbing equipment in an adult maintained in a safe and | | | | |
| | I. Based on observenot been maintaine construction that is occupants of the fa spread of fire and s | et as evidenced by: ation fire safety systems have ed. Fire resistant rated not maintained could effect all icility by failing to prevent the smoke from the area of origin. | | | | |
| | closet there is a ga | Closet - Just outside the p in the fire resistant rated adult penetrates the ceiling | | | | |

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| STATEMEN | STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION | | (X3) DATE SURVEY COMPLETED | |
|--------------------------|---|---|----------------------------|---|-------------------------------|--------------------------|
| | | | A. BUILDING: | UT | | |
| | | HAL025023 | B. WING | | 07/2 | 22/2015 |
| NAME OF | PROVIDER OR SUPPLIER | | DRESS, CITY, S | STATE, ZIP CODE | | |
| GOOD S | HEPHERD HOME FOI | R THE AGED | RN, NC 2856 | 0 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY) | LD BE | (X5) COMPLETE DATE |
| C 189 | Continued From pa | ge 10 | C 189 | | | |
| | 2. South Hall, Custo in the fire resistant | odial Closet - There is a hole rated ceiling. | | | | |
| | | Heater Room - There is an "hole in the drywall ceiling" | | | | |
| | operating condition. | been maintained in an . Electrical equipment that roperly could be a safety issue | | | | |
| | A. Findings on 07/2 1. North Hall a. Unisex Bath - Th | 2/2015: e light fixture did not work. | | | | |
| | | he soda vending machine t is blocking access to the | | | | |
| | 2. Johnny Sampsor a. Room #1 - The c | n Hall eiling light fixture is damaged. | | | | |
| | b. Restroom - The trip when tested. | GFCI electrical outlet did not | | | | |
| | c. Bath - The GFCI when tested. | electrical outlet did not trip | | | | |
| | d. Wash Room - Th not trip when tested | ne GFCI electrical outlet did l. | | | | |
| | e. Men's Restroom GFCI did not trip wh | Adjacent to Living Room - The nen tested. | | | | |
| | f. Living Room - The exit light is suspend | e ceiling mounted emergency led by its wiring. | | | | |
| | g. Dining Room Exi | t - The exterior light at the exit | | | | |

| | STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) MULTIPL A. BUILDING: | E CONSTRUCTION 01 | (X3) DATE SURVEY COMPLETED | |
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| | | | | | | |
| | | HAL025023 | B. WING | | 07/2 | 2/2015 |
| NAME OF | PROVIDER OR SUPPLIER | | | STATE, ZIP CODE | | |
| GOOD S | HEPHERD HOME FO | R THE AGED 603 WEST | FSTREET N, NC 2856 | 0 | | |
| (X4) ID | SUMMARY STA | TEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF CORRECTION | ON | (X5) |
| PREFIX TAG | (EACH DEFICIENCY | MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY) | D BE | COMPLETE DATE |
| C 189 | Continued From page 11 | | C 189 | | | |
| | stairs is detached fi its wiring. | rom the wall and is hanging by | | | | |
| | | n #22 - The bathroom light bulb and the fixture light bulb | | | | |
| | HVAC equipment the an operating condit limited to the specifindings. HVAC equipment of the specific findings of the speci | vations there is a pattern of nat has not been maintained in ion as evidence by but not ic examples listed in the hipment that does not function ants of rooms by not providing equired for resident comfort. | | | | |
| | A. Findings on 07/2 1. North Hall a. Room #31 - The | 2/2015: HVAC Unit is damaged. | | | | |
| | b. Room #30 and other rooms - The controls knobs for the thru-wall HVAC unit are missing and the cover is detached from the room side of the unit. | | | | | |
| | 2. Johnny Sampsor a. Room #8 - The c room side of the thr | over is detached from the | | | | |
| | b. Living Room - Th working. | ne thru-wall HVAC unit is not | | | | |
| | | m #12 - The thru-wall HVAC rom the room side of the | | | | |
| | not been maintaine and plumbing that i | rvations the plumbing system d. Some fixtures require repair s leaking could contribute to d water damage found in the | | | | |

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| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPL A. BUILDING: | E CONSTRUCTION 01 | (X3) DATE SURVEY COMPLETED | |
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| | | HAL025023 | B. WING | | 07/2 | 2/2015 |
| NAME OF F | PROVIDER OR SUPPLIER | | DRESS, CITY, S | STATE, ZIP CODE | 1 0172 | 2/2010 |
| GOOD S | HEPHERD HOME FO | R THE AGED 603 WEST NEW BER | STREET N, NC 2856 | 0 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY) | LD BE | (X5) COMPLETE DATE |
| C 189 | Continued From page 12 | | C 189 | | | |
| | previous undetecte in the crawl space I The basement floor Note: Repaired whi 2. North Hall Tub R a. The sink fixture i b. North Hall - Unis not have a faucet. | Heater Room - There was a d leak in the water line located beyond the basement wall. It was flooded. He the surveyor was on site. Oom Some sing its cold water knob. Example 2 between the water knob. Example 3 between the water knob. Example 4 between the water knob. Example 4 between the water knob. Example 5 between the water knob. | | | | |
| C 199 | Exhaust Ventilation | | C 199 | | | |
| | provided with exhautwo cubic feet per requirement does repetore April 1, 1984 these specified spa (1) soiled linen sto (2) soil utility room (3) bathrooms and (4) housekeeping (5) laundry area. (k) This Rule shall facilities with the exwhich shall not app | ed in this Paragraph shall be ust ventilation at the rate of ninute per square foot. This not apply to facilities licensed with natural ventilation in aces: rage; toilet rooms; closets; and apply to new and existing apply to existing facilities. | | | | |

Division of Health Service Regulation STATE FORM

380E21 If continuation sheet 13 of 14

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | | TE SURVEY MPLETED | |
|--|--|---|---------------------|---|---------------|----------------------|--|
| | | HAL025023 | B. WING | | 07/2 | 2/2015 | |
| NAME OF PROVIDER OR SUPPLIER STREET ADDR | | | | PRESS, CITY, STATE, ZIP CODE | | | |
| GOOD SHEPHERD HOME FOR THE AGED 603 WEST STREET NEW BERN, NC 28560 | | | | | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY) | D BE COMPLETE | | |
| C 199 | 199 Continued From page 13 | | C 199 | | | | |
| | fans that do not ope | rentilation as required. Exhaust erate could effect occupants of chausting odors and fumes. | | | | | |
| | A. Findings from 07 | 7/22/2015: | | | | | |
| | 1. North Hall Restro | oom, Across from Tub Room - not working. | | | | | |
| | | n Hall, Restrooms Adjacent to aust fans do not work. | | | | | |
| | | Room - There are chemicals ithout an exhaust fan installed. | | | | | |
| | 4. South Hall, Womfans is not working. | en's Restroom - The exhaust | | | | | |
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